

APPLICATION FOR AN *IN GOD WE TRUST* LICENSE PLATE

*Remit a \$30.00/\$60.00 check or money order with this application.
Please make your check payable to "NCNG SAAF" and mail to:*

*North Carolina National Guard
Soldiers and Airmen Assistance Fund
PO Box 30786
Raleigh, NC 27622-0786*

q Regular *In God We Trust* Fee **\$30.00**

q Personalized *In God We Trust* Fee **\$60.00**

NOTE: You are allowed four (4) spaces for a personalized message. _____

The personalized spaces can be letters only or a combination of numbers and letters. Numbers only are not permitted.

The \$30.00/\$60.00 special fee is an ANNUAL fee due in addition to the regular license fee.

Home _____ AREA CODE-TELEPHONE NUMBER Office _____ AREA CODE-TELEPHONE NUMBER E-Mail (optional) _____	NAME(To agree with certificate of title) _____ FIRST MIDDLE LAST			
	_____ ADDRESS			
	_____ CITY STATE ZIP CODE			
	Current North Carolina _____ Plate Number _____ Driver License #		_____ Vehicle Identification Number _____ Year Model Make Body Style	

Owner's Certification of Liability Insurance

I CERTIFY FOR THE MOTOR VEHICLE DESCRIBED ABOVE THAT I HAVE FINANCIAL RESPONSIBILITY AS REQUIRED BY LAW.

PRINT OR TYPE FULL NAME OF INSURANCE COMPANY AUTHORIZED IN N.C. – NOT AGENCY OR GROUP

POLICY NUMBER – IF POLICY NOT ISSUED, NAME OF AGENCY BINDING COVERAGE

SIGNATURE OF OWNER

DATE OF CERTIFICATION